

Commonwealth of Kentucky Cabinet for Health and Family Services

The Medicaid Waiver Management Application (MWMA)

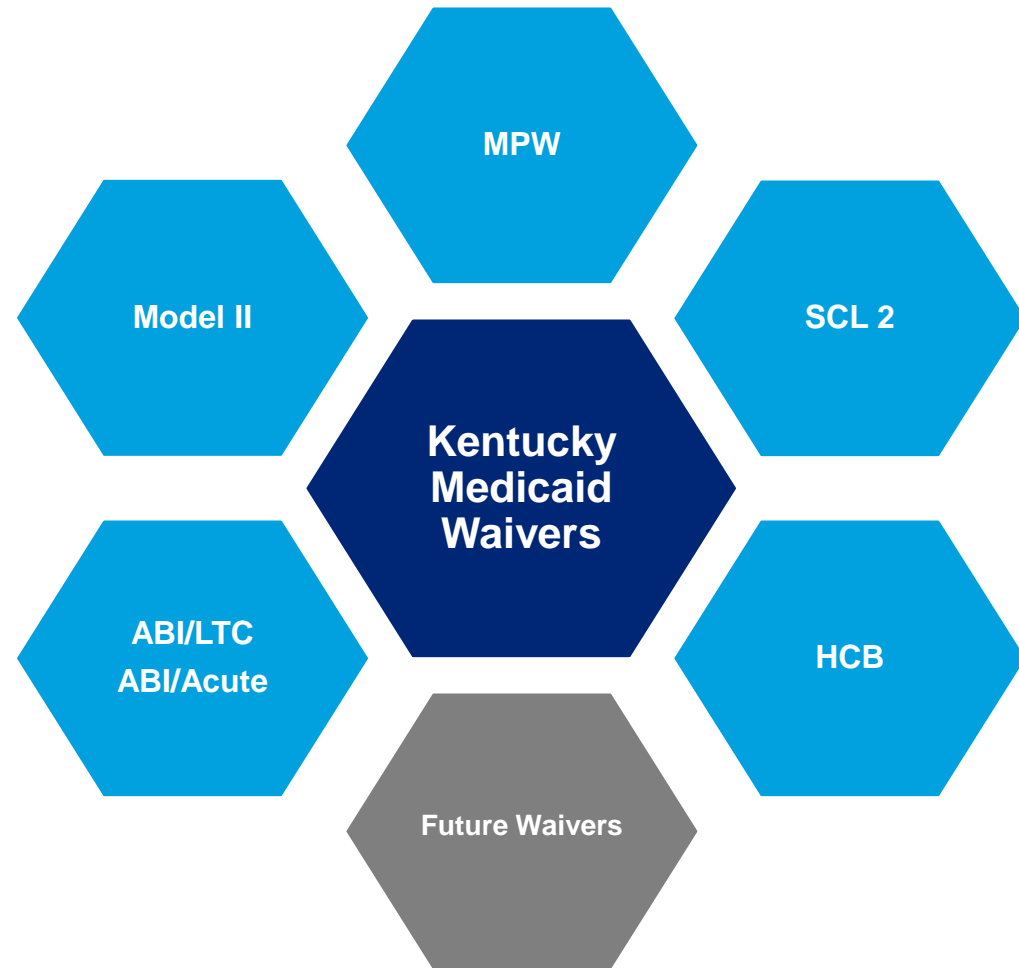


Medicaid Waiver Management Application (MWMA)

- Overview
- Guiding Principles
- Implementation Roadmap
- Benefits and Outcomes
- Training and Support Resources
- Learn More
- Questions



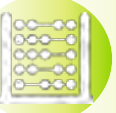
Overview – Medicaid Waiver Management Application

- Streamline Waiver Management Across All Waivers
- Used by all Stakeholders including Case Managers, Case Supervisors, Direct Service Providers, Level of Care Reviewers, Plan of Care Reviewers, and CHFS Administrative Staff
- MWMA is part of kynect – Kentucky's Health Benefit Exchange
- 1st Release in Spring 2015






Innovating the Delivery of Kentucky's Home and Community- Based Waiver Programs

Guiding Principles

Guiding Principle	Description
 Standard Processes	<ul style="list-style-type: none"> • Provides a standardized process across Waivers and the Commonwealth • Core Data Collection is consistent across Waivers, while also collecting Waiver-specific functional data • Enforces consistent business processes and service delivery throughout the Commonwealth
 Single View of Consumer	<ul style="list-style-type: none"> • Supports a single and simplified intake process for consumers and families • Reduces need for duplicate forms and data entry • Provides a Cabinet-wide view of a consumer, minimizing data entry
 Real-Time Access to Data Across Waivers	<ul style="list-style-type: none"> • Provides consolidated view of information across waivers • Provides Case Managers with robust operational tools to manage their cases • Provides data to evaluate consistency across waivers, regions, and providers

Guiding Principles (Contd)

Guiding Principle	Description
 Person-Centric Approach	<ul style="list-style-type: none"> • Supports person-centered approach to planning and individual goals • Provides families and guardians with access to apply for and manage waiver services
 Integration with Enterprise Systems	<ul style="list-style-type: none"> • Part of kynect – Kentucky's Health Benefit Exchange • Integrates with other CHFS enterprise systems and services (e.g. MMIS, Central Printing, Document Management System)
 Support Grants Received by CHFS	<ul style="list-style-type: none"> • Balancing Incentive Program (BIP) - BIP grant reflects CHFS' continued support for expanding the use of the waiver program to offer the right support for the right people in the right setting.

Implementation Roadmap

Spring
2015

- Common Waiver Intake Application
- Streamlined Level of Care Assessment Submission and Review Processes
- Streamlined Plan of Care Development, Submission and Review Processes
- Case Management Tools – Case Manager Assignment, Caseload Management, Case Transfers, Program Closures, Case Notes and more
- Automated Workflows, Tasks and Notifications
- Electronic Documents

Winter
2015

- Prescreening Tools
- Provide Self Service Capability for Individuals/Families
- Streamlined Intake Application Across Multiple Programs (Waiver, SNAP, TANF, Medicaid, etc)
- Improved Assessment Tools
- Streamlined Medicaid Eligibility and Waiver Enrollment Processes
- Automated Waiting List Management
- Electronic Timesheets for Participant Directed Services
- Streamlined Incident Reporting and Review

Benefits and Outcomes for Case Management Agencies

- Reduces burden and effort on case managers by having a consistent intake process to apply for Waivers
- Ability to track and monitor an individual's Waiver enrollment status in real time
- Online submission and review of Level of Care Assessments and Plan of Care enables faster processing, and provides the ability to track the status of Level of Care Assessments and Service Authorizations
- Easy to use tools to manage case loads, case notes, and case transfers
- Automated workflows, tasks and notifications help minimize communication delays and expedite enrollment delays
- Automated reminders around key tasks (e.g. upcoming reassessments)
- Electronic documents help in eliminating effort and time devoted to the transmission and storage of paper documentation, and provides instant and real time access to information

Benefits and Outcomes for Individuals and Families

- Reduces burden and effort on individuals and families by having a consistent intake process to apply for Waivers
- Ability to track and monitor Waiver enrollment status in real time
- Ability to view the Plan of Care and Level of Care information online
- Provides the ability to track the status of Level of Care Assessments and Service Authorizations
- Ability to enter and review electronic timesheets enables the individuals to better manage timesheets and reduces the need to manage/store paper records
- Streamlined Medicaid Eligibility and Waiver Enrollment processes minimize the time that individuals are without services
- Helps keep individuals informed about key events (e.g. level of care approval)
- Electronic documents help in eliminating effort and time devoted to the transmission and storage of paper documentation, and provides instant and real time access to information

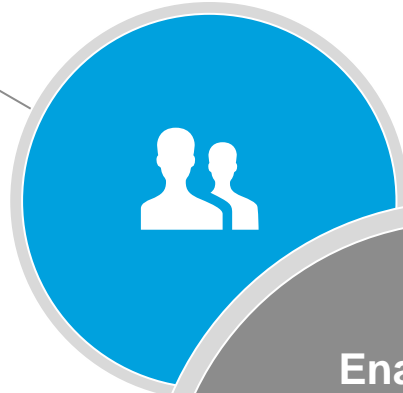
Benefits and Outcomes for CHFS Waiver Administrators

- Enforces consistent business processes and service delivery across the Commonwealth
- Ability to serve individuals more effectively with access to cabinet wide view of the individuals
- Ability to evaluate consistency across Waivers, Regions, and Case Management Agencies
- Provides access to real-time data to monitor enrollment delays and the information to develop appropriate response plans
- Ability to review and respond to Incidents more effectively
- Enables CHFS to meet the goals laid out by the Balancing Incentive Program (BIP)

Training and Support Resources

Instructor Led Trainings

- Instructor Led Trainings for Case Managers and Case Supervisors
- To be held in communities across Kentucky



Online Courses and Resources

- Web Based Training Courses and Simulations
- Page Level Help



Enabling the Stakeholders to understand and use Medicaid Waiver Management Application effectively

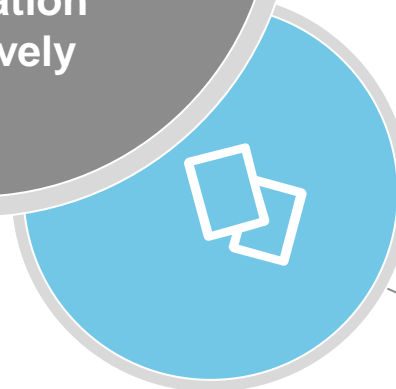
User Manuals

- Detailed instructions for using the system



Job Aids

- Quick reference sheets for commonly performed functions



Learn More

- <http://chfs.ky.gov/dms/mwma.htm>
- Project Updates
- Important Announcements
- Frequently Asked Questions
- Fact Sheets
- Survey Follow-Up Report
- You can also send questions or comments to the MWMA Implementation team at WCM_Implementation@ky.gov



The screenshot shows the official website for the Kentucky Medicaid Waiver Management Application (MWMA). The header includes the Kentucky.gov logo, navigation links for KY Agencies and KY Services, a search bar, and a dropdown menu currently set to 'CHFS'. The main title is 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' with the subtitle 'DEPARTMENT FOR MEDICAID SERVICES'. A breadcrumb trail reads: Home > Department for Medicaid Services > Kentucky Medicaid Waiver Management Application. The left sidebar contains a 'DMS Home' menu with links to the MWMA application, MAP forms, tobacco cessation program, programs and services, fee and rate schedules, boards and committees, general resources, WCO community events calendar, KyHealth-Net System, pharmacy, provider resources, legal and policy information, enrollment, newsletters, EHR incentive program, medical assistance council, and HIPAA 5010 ICD-10 transition information. The main content area is titled 'KY Medicaid Waiver Management Application Page' and includes a welcome message, a 'More information' section with links to a survey follow-up report, FAQs, and additional questions, and a 'MWMA Survey Follow-Up Report' section detailing survey results and implementation progress. The right sidebar features 'MWMA Resources' (FAQs, fact sheet), 'MWMA Announcements and Updates' (survey report, project launch, project update), and 'Medicaid Waiver Program Links' (ABI, LTC, MTIW, SCL, MPW, HCB). A 'See Also' section at the bottom right lists the Balancing Incentive Program and HCBS Clearinghouse.

Questions



You can also send questions or comments to the MWMA Implementation team at **WCM_Implementation@ky.gov**

Medicaid Waiver Management Application

Fact Sheet

What Is Medicaid Waiver Management Application?

Medicaid waiver programs assist thousands of Kentucky residents with a wide range of special needs through community based services as an alternative to facility based care. The Cabinet for Health and Family Services (CHFS) has launched the Medicaid Waiver Management project which will have a direct and positive impact on the quality and cost of services that we deliver to these individuals.

The Medicaid Waiver Management Application (MWMA) is an output of the Medicaid Waiver Management project. MWMA is a comprehensive system designed to provide automated capabilities for application intake, functional assessment, eligibility determination, case management, and reporting. This technology solution will allow CHFS and its business partners to manage the waiver programs and services using an integrated, person-centric approach to service planning and delivery.

The consumer self-service functionality of the MWMA will also enable consumers to take a more integrated approach to their waiver program and support plans, and preferences. This immediate and real time access will help to reduce the time between Medicaid determination, information and referral, and waiver eligibility, thus further strengthening the foundation for a single entry point system for the Commonwealth's long-term and supportive services.

Why develop MWMA?

The current Medicaid waivers are supported using a combination of paper processes, email spreadsheets, and a variety of databases and provider-specific systems. MWMA will:

- Standardize and automate essential waiver program processes in compliance with key requirements of the Affordable Care Act (ACA);
- Provide an integrated view of each consumer's services and supports;
- Establish a self-service capability enabling individuals and their families to learn about and apply for available community based services;
- Enable a person-centered approach to service planning and delivery; and
- Integrate with existing Commonwealth systems, thus ensuring consistency across programs and technology.

How will MWMA benefit waiver support staff?

Once implemented, MWMA will:

- Provide access to complete, relevant and up to date information regarding individuals;
- Improve efficiencies, allowing case managers, case supervisors and other waiver support staff to devote time to other key job functions;
- Provide access to comprehensive data for individuals served by the waivers;
- Establish a time reporting capability for consumer directed option thereby reducing data entry time and errors; and
- Allow waiver staff to provide information to individuals and families, enabling them to make more informed choices.

Last Updated 8/20/14



Last updated 8/10/14

Who will use MWMA?

Individuals and their families, Waiver Application Reviewers, Case Managers, Case Supervisors, Level of Care (LOC) Assessors, and Plan of Care Reviewers will be the first to use MWMA for the following functions:

- Application and Assessment
- Eligibility and Enrollment
- Individual Service Plan Development
- Case Management
- Incident Reporting

When will MWMA be implemented?

The initial wave of MWMA functionality will be deployed in Spring 2015 including application submission, initial assessment, eligibility and enrollment, support plan development, and case management. Additional functionality, planned for release in late 2015, will bring further integration between MWMA and existing systems as well as standardized level of care and needs assessment instrument, CDO time reporting, incident management, and self-service.

Will waiver support staff receive training on MWMA?

Training will take place starting approximately two months before the MWMA is implemented and will consist of classroom training supplemented by online training. Training materials will include job aids that will be provided to users.

How will information about MWMA be communicated?

CHFS is planning ongoing communications that will keep system users informed of rollout and training plans. An effort is currently under way to consolidate contact information for waiver stakeholders, and communications are expected to commence in the next few weeks.



Frequently Asked Questions (FAQ) Medicaid Waiver Management Application

MWMA FAQs

1.1 General FAQs

Q. What is MWMA?

A. The Medicaid Waiver Management Application (MWMA) is a web-enabled case management application to support the Commonwealth's Medicaid Home and Community Based Service (HCBS) waiver programs. It is joint effort led by the Department for Medicaid Services in close collaboration with the Department for Aging and Independent Living (DAIL) and the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

MWMA provides automated capabilities around the intake, assessment, eligibility determination, service plan (plan of care)*, case management, incident management, timesheet, and reporting functions performed by waiver service providers. MWMA is designed to integrate with kynect, Kentucky's healthcare connection, providing Individuals and families with self-service access to manage their waiver program applications, service plans (plans of care), services and timesheets.

**As per the CMS regulation, the term Plan of Care is changing to Service Plan.*

Q. Why did CHFS implement automated case management capability?

A. Prior to the implementation of the Medicaid Waiver Management Application (MWMA) Kentucky's Medicaid Home and Community Based Service (HCBS) waiver programs were supported using a combination of manual, paper-based, and automated processes and systems. Standardizing and streamlining the processes and tools that support these programs helps improve care coordination and service delivery to waiver recipients and their families. Self-service access, introduced with the kynect integration, helps Individuals and families make more informed choices around their care.

Q. I work with Individuals served under the Medicaid waivers. How does MWMA help me?

A. MWMA is used by Case Managers to access Individuals' records online for complete, relevant and up-to-date plan, assessment and service information. The aggregated information available in MWMA allows Case Managers to assist Individuals and Authorized Representatives to make informed choices about services and providers. MWMA is designed to reduce delays between developing the Service Plan and delivering the services that can exist because of inefficient paper processes. Cabinet for Health and Family Services (CHFS) staff are able to access real-time, aggregate data for Individuals served by the waiver programs.

Q. Who uses MWMA?

A. The first MWMA users who began using the application in April 2015 include Case Managers, Case Supervisors, Quality Improvement Organization (QIO) staff, and CHFS staff who have administrative oversight over the waiver programs. These user groups were selected because of their direct involvement with the Individuals served under the Medicaid waiver programs, and the importance of these roles to the Individuals served. The second release expands the user base to Individuals, their Authorized Representatives, participant directed services (PDS) employees, and direct service providers. Direct service providers' access to MWMA includes the ability to view information such as level of care and service plans (plans of care) and to enter and submit incident reports and service notes.

Q. Which business processes does MWMA support?

A. MWMA automates processes that are time and labor intensive for Case Managers and streamlines the enrollment process to remove some of the barriers to enrollment for Individuals such as needing to know which waiver to apply for. MWMA does not automate the level of care assessment process; it captures assessment details helping to expedite the level of care (LOC) review and approval process.

With MWMA, Medicaid waivers use standardized electronic applications, online waiver eligibility determination, waiver enrollment, and case management functions. MWMA also facilitates the person-centered planning process and a standardized process for Service Plans.

MWMA functionality was designed to go live across two releases.

Functionality in the April 2015 release includes:

- Common Waiver Screening Process
- Streamlined Level of Care Assessment Submission and Review Processes
- Streamlined Service Plan* Development, Submission and Review Processes
- Case Management Tools – Case Manager Assignment, Caseload Management, Case Transfers, Program Closures, Case Notes and more
- Automated Workflows, Tasks and Notifications
- Electronic Documents

Functionality in the Winter 2015-2016 release includes:

- Prescreening Tools
- Self Service Capability for Individuals/Families
- Streamlined Intake Application Across Multiple Programs (Waiver, SNAP, TANF, Medicaid, etc.)
- Improved Assessment Tools
- Streamlined Medicaid Eligibility and Waiver Enrollment Processes
- Automated Waiting List Management
- Electronic Timesheets for Participant Directed Services
- Streamlined Incident Reporting and Review
- Case note entry for services (in addition to case management)

Additionally, the second release consolidates waiver eligibility information that was previously maintained in KAMES into KOHBIE, and an interface with MMIS allows MWMA users to see waiver services that were submitted to MMIS for payment.

**As per the CMS regulation the term Plan of Care is changing to Service Plan.*

Q. What type of ongoing communication can I expect?

A. A variety of communications have been distributed to MWMA stakeholders including:

- The MWMA Information Bulletin: e-newsletter providing project updates and “spotlight” overviews of key system functionality
- MWMA Go-Live Communications: targeted communications to prepare end users for MWMA implementation
- MWMA Go-Live Summary Report: summary of go-live highlights, issues and resolutions, and helpful end-user resources

Communications and ongoing project updates are posted to the [MWMA Information Page](#).

Q. How does the Implementation of MWMA affect Individuals who are already served under a waiver?

A. Individuals who were already enrolled in Medicaid waiver programs as of the MWMA implementation should have been transitioned into MWMA by August 31st.*

**If your agency has not onboarded to MWMA or completed transitions, please do so immediately. For onboarding questions or issues, contact the Contact Center at 1-800-635-2570. (After the DMS welcome message plays, press "1", "6" and "2" to be transferred directly to the MWMA Contact Center.)*

For more information on the Transition process, please refer to the [April 13th issue of the MWMA Information Bulletin](#) or the Transition training materials located on the [MWMA Training Portal](#). *

Q. Does MWMA replace electronic health record (EHR) systems or integrate with Medicaid billing systems?

A. No. MWMA does not eliminate the need for an electronic health record (EHR) system. In addition, MWMA does not include billing services needed to submit claims to CHFS for payment nor eliminate the need for those system capabilities existing in agencies. MWMA supports the No Wrong Door concept by allowing those involved in an Individual's care the ability to see the identified service needs (service plans (plans of care), prior authorization), supporting documents and the KHIE interface allows vital health information to be shared to promote effective patient care. The goal is to allow providers to share documents and structured data utilizing the KHIE by 2016.

Q. How can I learn to use MWMA?

A. Classroom training for Case Managers, Case Supervisors, QIO staff, and the CHFS staff took place during the two-month period just before the April implementation. This two-day training walked through key MWMA screens and functionality associated with the first release.

The [MWMA Training Portal](#) is available to end users and includes a variety of materials that individuals can review and complete at their own pace including:

- Classroom training presentations
- Job aids/quick reference guides
- Web-based training courses
- MWMA User Guide

Training materials are updated as needed and made available to end users via the MWMWA Training Portal.

**Note: The MWMA Training Portal is hosted by Eastern Kentucky University's Training Records Information Services (TRIS). In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. Is training available to Individuals and families on the self-service capabilities?

A. Educational materials will be distributed to Medicaid waiver providers and other stakeholders who interact with Individuals receiving waiver services and their Authorized Representatives.

Q. Which paper forms remain in use and which forms are integrated with the system?

A. A list of transitioning forms is outlined in the [first issue](#) of the MWMA Information Bulletin.

Q. Each waiver is administrated a little differently due to the differences in services and waiver requirements. How does MWMA allow for those differences?

A. MWMA was developed to allow for differences in waivers that are required in accordance with the approved waivers and to allow CHFS to streamline the operations to bring greater consistency to the way the waivers are administered. This will allow case management agencies and Case Managers to streamline their own processes since the differences in requirements between waivers is being reduced.

1.2 System Access/Onboarding FAQs

Q. Is my agency eligible to use MWMA? If so, how can we get access?

A. You are eligible to use MWMA if your agency provides services for Medicaid waiver participants. To request access, contact the Partner Portal/MWMA Contact Center at 1-800-635-2570. You will be asked to provide your organization's provider number and to identify an Organization Administrator for your agency. The Organization Administrator is responsible for facilitating the MWMA onboarding process for

agency users. Your Organization Administrator will then receive an invitation via email. Please refer for the MWMA Onboarding Manual, located on the [MWMA Training Portal](#)* for additional steps after the receipt of the invitation.

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. Can an Individual be assigned to multiple user roles within MWMA?

A. Agency users and self-service users can only be assigned to one role. A user's assigned role does not necessarily limit them to performing the functions of that specified role.

For more information on the onboarding process, please refer to the MWMA Onboarding Manual located on the [MWMA Training Portal](#). *

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. If a person works for multiple organizations, does the person need a separate log-in credential for each agency?

A. No. The user will use a single email address to onboard to all agencies they work for. An onboarding invitation must be sent from the Organization Administrator at each agency. Upon logging in to MWMA, the user will be prompted to select the organization they wish to access.

Q. How do new users get access to MWMA?

A. Each agency's Organization Administrator initiates the onboarding process for new users by forwarding an onboarding invitation from the Kentucky Online Gateway. Additional details on the onboarding process can be found in the MWMA Onboarding Manual located on the [MWMA Training Portal](#). *

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. I am an Organization Administrator and I have assigned myself a user role in MWMA. I can no longer view my Organization Administrator privileges. How do I regain these privileges?

A. An individual does not lose their Organization Administrator privileges once they assign themselves a user role. Organization Administrator privileges are not viewable from the MWMA onboarding screens. The Organization Administrator must log back in to KOG to view and access these privileges.

Q. Can an Organization Administrator assign the Organization Administrator role to additional users?

A. Yes, an Organization Administrator can assign the Organization Administrator role to additional users. To do this, the Organization Administrator must check "Waiver Organization Administrator" for each applicable user entered on the Invite Users tab located on the Organization Details screen in the Kentucky Online Gateway (KOG). Additional details on the MWMA onboarding process can be found in the MWMA Onboarding manual located on the [MWMA Training Portal](#). *

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. How can I find out who my Organization Administrator is?

A. You can find out who your Organization Administrator is by contacting the Partner Portal/MWMA Contact Center at 1-800-635-2570.

Q. Is MWMA accessible through a tablet or mobile phone?

A. There is no MWMA mobile application; however the full site can be accessed on a mobile or tablet using the browser on your device (e.g. Safari, Internet Explorer, Google Chrome).

Q. Is the system MAC (Safari browser) compatible?

A. While Safari is an acceptable browser, Google Chrome and Internet Explorer 9 or above are preferred browsers for accessing MWMA.

Q. I did not attend classroom training. How can I get up to speed on MWMA?

A. MWMA users can access the MWMA Training Portal which hosts an extensive set of online training materials covering each area of MWMA functionality.

Click [here](#) to access the Training Portal.*

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. What type of roles do I assign to my agency staff during the onboarding process?

NEW

A. The user roles for Individuals may vary by agency. Please refer to the following documents for clarification on assigning MWMA user roles:

- Email Communication: “MWMA Onboarding Follow-Up” sent from WCM Mailbox on April 7, 2015
- MWMA Onboarding Manual

Q. What should I do if my agency uses a state network? *NEW*****

A. Please refer to the following documents for information on how to access MWMA on a state network.

- Email Communication: “MWMA Guidance for Agencies on the State Network” sent from WCM Mailbox on April 29, 2015
- Job Aid: [What Should I do if my agency uses a state network?](#)
- Job Aid: [MWMA Onboarding Tip Sheet](#)
- MWMA Onboarding Manual

1.3 Transition FAQs

Q. What is the MWMA Transition process?

A. The transition process establishes a record in MWMA for those Individuals who were receiving waiver services prior to the MWMA implementation. Each case management agency is responsible for initiating the transition process for all of the enrolled waiver Individuals as of August 31st, to whom they provide case management services.

For more information on the Transition process, please refer to the April 13th issue of the MWMA Information Bulletin or the Transition training materials located on the [MWMA Training Portal](#). *

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. Who should be transitioned into MWMA and when?

A. Case Management agencies were asked to transition all Individuals who are already enrolled in Medicaid waiver programs as of the MWMA implementation by August 31, 2015.

**If your agency has not onboarded to MWMA, please do so immediately. For onboarding questions or issues, contact the Contact Center at 1-800-635-2570. (After the DMS welcome message plays, press "1", "6" and "2" to be transferred directly to the MWMA Contact Center.)*

For more information on the Transition process, please refer to the April 13th issue of the MWMA Information Bulletin or the Transition training materials located on the [MWMA Training Portal](#). *

**In order to access online materials, individuals must be registered TRIS users. Individuals who do not have a TRIS account should send their name and email address to the Implementation Team at wcm_implementation@ky.gov. They will receive additional instructions on how to register for access.*

Q. How do I complete a Transition? ***NEW***

A. Initiate the Transition process in MWMA by clicking the **Initiate Transition** button on your MWMA **Dashboard** screen to navigate to the **Transition Individual Information** screen. On the **Transition Individual Information** screen you must complete all the required fields which collect details about the Individual that are necessary to complete the search. If you are a Case Supervisor, once the details are entered and the search is completed, you must assign the Individual to a Case Manager within your agency who may or may not be yourself. If you are a Case Manager performing the transition, the Individual will automatically be added to your caseload after you have completed the required Transition screens.

Please refer to the following documents for additional information on completing transitions:

- Email Communication: "New MWMA Transition Deadline- Aug 31" sent from WCM Mailbox on August 31, 2015
- Email Communication: "MWMA Transition Follow-up Reminder" sent from WCM Mailbox on May 12, 2015
- Job Aid: [Initiating an MWMA Transition](#)
- User Manual: Section [8 Transition Individuals into MWMA](#)
- Web Based Training: [Transitioning Individuals into the Medicaid Wavier Management Application](#)

1.4 Getting Started in MWMA FAQs

Q. What are the next steps after onboarding a Case Management organization? ***NEW***

A. You must have all Case Managers assigned to their respective Case Supervisors and begin to transition existing clients into MWMA. You are also encouraged to start the process of managing new clients with MWMA once your agency has been onboarded. Please see the [Transition FAQs](#) for additional information on how to transition clients into MWMA.

Q. How are Case Managers associated to Case Supervisors? ***NEW***

A. All Case Managers must be associated with a Case Supervisor upon onboarding to MWMA. If a Case Manager is not associated with a Case Supervisor, they will not be able to submit a Service Plan for an Individual.

- If you are a Case Manager: Click the **View Caseload** link from the Quick Links menu on your MWMA **Dashboard** screen. On this screen you can view the Case Supervisor you have been associated with. If no Case Supervisor is listed, contact your Case Supervisor and request an association be made.

- If you are a Case Supervisor: Click the **Manage Agency Relationships** link on your MWMA **Dashboard** screen. Select the appropriate Case Supervisor and Case Manager to be associated and click the **Submit** button to complete the action.

Please refer to the following documents for additional information:

- Email Communication: "MWMA Reminder: Case Manager Association" sent from the WCM mailbox on May 12, 2015.
- Job Aid: [Managing Intra-Agency Relationships](#) (Assigning/Unassigning a Case Manager)

1.5 Application Intake and Review FAQs

Q. Will case management agencies receive payment for submitting applications for Individuals who end up enrolling in a waiver program?

A. No. Case management agencies will not receive payment for entering and submitting applications even if the applicant enrolls in a Medicaid waiver program.

Q. Is the application intake process the same for emergency cases across all waivers?

A. Information collected during the application intake process is used to help make the urgency of need determination.

Q. How long does an initiated application that has not been submitted remain in MWMA?

A. An initiated application that has not been submitted for review will remain in MWMA for 60 days from the last date an action was taken on the application.

Q. What is the timeframe for the application review process?

A. Application Reviewers are asked to review a submitted application within 3 business days.

1.6 Assessment FAQs

Q. Is Carewise Health still the Quality Improvement Organization (QIO) determining approval for Individuals' Level of Care and reviewing Service Plans?

A. Carewise (QIO) staff will continue to review the LOC assessment, and will record the Level of Care approval or denial decision in the KOHBIE system and establish the prior authorizations for services planned. In addition, the QIO staff will record Service Plan approval or denial and comments necessary for revisions in the KOHBIE system.

Q. How do I record a Level of Care (LOC) assessment in MWMA? **NEW**

A. MWMA allows LOC Assessors to view an Individual's basic demographic information and offers the capability to schedule an assessment appointment with the Individual/Authorized Representative. Once the Assessor has completed an Individual's assessment and submitted the documentation electronically via MWMA, a task is triggered for the LOC Reviewer to perform the LOC Determination.

Please refer to the following documents for additional information on recording a Level of Care assessment in MWMA:

- Information Bulletin: [February 2015 Issue](#) spotlights the LOC assessment process
- Job Aid: [Assessment Submission](#)

Q. How do I assign an Individual to my agency as the LOC agency of record? **NEW**

A. Once an Individual contacts your agency, you must enter the required information given to you by the Individual on the **Level of Care Agency Assignment** screen to search for the Individual and assign them to your agency as the LOC agency of record.

Please refer to the following document for additional information on the Level of Care assessment agency selection process:

- Job Aid: [Level of Care \(LOC\) Assessment Agency Selection](#)

Q. How do I submit a SIS Assessment? ***NEW***

A. Once an Individual has a spot allocated in the Supports for Community Living (SCL) waiver program and the Capacity Reviewer identifies that the Individual has a respondent network, a service needs assessment will need to be completed. If the Capacity Reviewer identifies that the Individual does not have a respondent network, the **Perform SIS Assessment** task will remain on the SIS Assessor's dashboard until the Individual has a prior authorized Service plan. At that time, the SIS Assessor will receive a notification to schedule the appointment to perform the assessment three months from the day they receive the notification.

Please refer to the following document for additional information on submitting a SIS assessment:

- Job Aid: [Supports Intensity Scale \(SIS\) Assessment Submission](#)

Q. How do I initiate an Annual Reassessment in MWMA? ***NEW***

A. The Case Manager should first transition the Individual into MWMA. Once the transition is complete and an assessment task is generated, the Case Manager should perform the LOC Reassessment in MWMA. The new Service Plan should be created, reviewed, and managed with MWMA.

Please refer to the following documents for additional information on initiating an Annual Reassessment:

- Email: "Reassessments in MWMA" sent from WCM Mailbox on July 2, 2015
- Email: "Assigning Reassessment Reason" sent from WCM Mailbox on August 14, 2015.

1.7 Case Management FAQs

Q. How does a Case Supervisor assign an Individual to a Case Manager? ***NEW***

A. A Case Supervisor must search for the Individual in MWMA from the **Initial Case Assignment** screen. Upon completing the search for the Individual, the Case Supervisor must assign the Individual to a Case Manager. Once this action is complete, your agency becomes the Case Management Agency of Record and the Individual cannot be viewed by any other agency.

Please refer to the following documents for additional information on assigning an Individual to your agency.

- Information Bulletin: [August 2015 Issue](#) spotlights the Case Assignment process
- Job Aid: [Initial Case Assignment](#)
- Web Based Training: [Performing Case Management in MWMA](#) Lesson 2 "Performing Initial Case Assignment"

Q. How do I manage case notes in MWMA? ***NEW***

A. Once an Individual is assigned to a Case Manager, the Case Manager can begin creating and submitting case notes on behalf of that Individual. In addition to creating new case notes, Case Managers have the ability to search for specific case notes, a general timeframe, or case note types to view multiple case notes at once. You can start a case note for an Individual by selecting the **Start Case Note** task from your **MWMA Dashboard** screen which is triggered every month, or by clicking **Add Case Note** from the Quick Links section on your **MWMA Dashboard**

Please refer to the following documents for additional information on managing case:

- Information Bulletin: [August 2015 Issue](#) spotlights case note management

- Job Aid: [Case Notes](#)
- Web Based Training: [Performing Case Management in MWMA](#) Lesson 8 “Performing Case Note Management”

Q. How do I complete a Program Closure in MWMA? **NEW**

A. Program closure is for Individuals leaving a waiver program, not just moving to a different agency within the waiver program. To initiate a program closure, click the **Manage Program Closures** link on your **MWMA Dashboard** to search for the Individual the program is being closed for. Once the Individual is found, click the **Request Program Closure** link to navigate to the **Request Program Closure** screen. On this screen, enter required information and then click the **Submit Request** button.

Please refer to the following documents for additional information on completing program closures in MWMA:

- Information Bulletin: [August 2015 Issue](#) spotlights program closure processes
- Job Aid: [Performing Program Closure and Disenrollment](#)

1.8 Service Plan (Plan of Care) FAQs

Q. How do I submit an initial Service Plan (SP) in MWMA? **NEW**

**As per the CMS Final Rule, the term, “Plan of Care” is changing to “Service Plan”*

A. You can begin an initial Service Plan by selecting the **Start Plan of Care** task for an Individual that has been newly assigned to you. You submit the Service Plan in MWMA by going through the Service plan screens and entering in all required details. Once you click the **Submit** button on the **E-Signature** screen, the Service Plan will be submitted for review. The route the submitted Service Plan takes to be reviewed depends on your role, agency, and information entered in the Service Plan.

Please refer to the following documents to learn more about submitting a Service plan:

- Information Bulletin: [March 2015 Issue](#) spotlights Service plan submission
- Job Aid: [Entering Service Rate Unit](#)
- Job Aid: [Status Cheat Sheet](#)
- Job Aid: [CDO Budget and Service plan Process](#)

Q. When do I submit a Service Plan?

A. A Service Plan can be submitted after a new Individual is assigned to a Case Manager at your agency. A revised Service Plan is submitted after the annual LOC recertification. Forty days prior to an Individual's current Level of Care end date, the Case Manager for the Individual will receive a task to initiate the annual recertification process.

Please refer to the following document to learn more about submitting a service plan:

- User Manual: Section [10.22 Creating New Service plan for Recertification](#)

Q. How do I modify a current Service Plan? **NEW**

A. You can modify a Service Plan by clicking on the **Manage Plan** link from the **Service Plan Main Menu**. Remember, a prior authorized service cannot be deleted. To make modifications to a prior authorized service, enter the service actual end date and then add a new service with the modifications you wish to make.

Please refer to the following documents for additional information on modifying a service plan:

- Job Aid: [Modifying Services for a Current Service plan](#)
- User Manual: Section [10.27 Modifying a Current Service plan](#)

What is the Medicaid Waiver Management Application (MWMA)?

The Medicaid Waiver Management Application (MWMA) is a joint effort between several offices and departments within the Cabinet for Health and Family Services (CHFS) to implement a web-enabled case management application to support the Commonwealth's Medicaid Home and Community Based Service (HCBS) waiver programs.

MWMA will provide automated capabilities around the intake, assessment, eligibility determination, plan of care, case management, incident management, timesheet, and reporting functions performed by waiver service providers. MWMA will eventually integrate with kynect, Kentucky's healthcare connection, providing individuals and families with self-service access to manage their waiver program applications, plans of care, services and timesheets.

Why is the Commonwealth implementing MWMA?

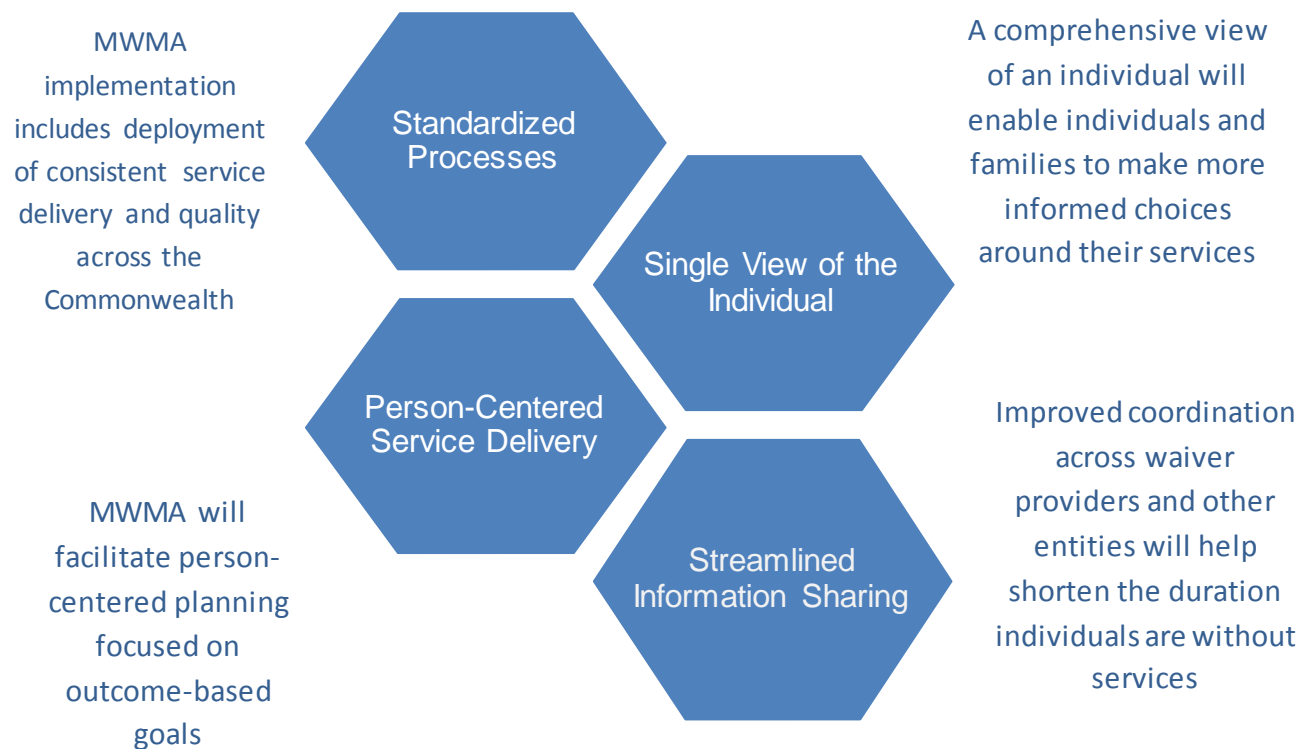
Kentucky's Medicaid HCBS waiver programs are currently supported using a combination of manual, paper-based, and automated processes and systems. Standardizing and streamlining the processes and tools that support these programs will help to improve care coordination and service delivery to waiver recipients and their families. Self-service access, which will be introduced with the kynect integration, will help individuals and families make more informed choices around their care.

Who will use MWMA?

The first MWMA users who will start using the application in Spring 2015 will include case managers, case supervisors, Carewise Level of Care and Plan of Care Reviewers, and CHFS staff.

As additional functionality is added to the system in late 2015, new users will have access to the application. These include direct service providers, Participant Directed Services (PDS) employees, and individuals and families.

How will individuals and families benefit from MWMA?



When will MWMA be available?

- Go live with MWMA functionality for intake, eligibility, enrollment, plan of care, and case management
- MWMA will support over 25,000 HCBS recipients
- Approximately 1,500 users including case managers, case supervisors, QIO staff, and CHFS staff
- Go live with additional functionality including incident management, and timesheets for Participant Directed Services (PDS)
- Self-service access will be available to HCBS recipients through the kynect portal

Spring 2015

Winter 2015

MWMA Implementation Timeline

“No doubt, [the Medicaid Waiver Management Application] will vastly improve our current processes and ultimately allow the public easier access to apply for the diverse benefits available from the Cabinet for Health and Family Services”.

Medicaid Commissioner,
Lawrence Kissner



The Medicaid Waiver Management Application

*Innovating the Delivery of
Kentucky's Home and Community-
Based Waiver Programs*

For more information on MWMA:

- Visit the Medicaid Waiver Management Application Information Page at <http://chfs.ky.gov/dms/mwma.htm>
- Send questions or comments to the MWMA Implementation team at WCM_Implementation@ky.gov.

